Murray City Parks & Recreation

Murray Parks and Recreation is offering a Spartan Volleyball Camp. This camp is for GIRLS & BOYS. Players will be divided by skill level by evaluation. Camp will cover fundamentals and play games. Coach Patrick is entering his 2nd year as the Head Volleyball Coach at Murray High School. He has been coaching for over 10 years and is certified in Gold Medal Squared and Art of coaching. His core values focus on being open and honest with his players while holding them accountable for their

1 Beginner

Thursday, May 28 (6pm-8pm)

efforts. His goal is to make every player feel empowered and strong!

Tuesday & Thursday Days:

May 26 & 28 $4^{th} - 6^{th} & 7^{th} - 9^{th}$ Dates: Grades:

6pm-8pm Times: \$15 per day Cost:

\$25 for both days

Location: Hillcrest Jr. High

Online Registration: MCREG.COM

CIRCLE Days and Level							
Beginner Intermediate Advanced	(played recreation volleyball) (played 1 year of club volleyball) (played 2 + years of club volleyball)						
Tuesday, May 26 (6pm-8pm) [] Beginner [] Intermediate [] Advanced							
. 1 = 29	[]						

[] Intermediate [] Advanced

Name		Phone	Male / Female
Address		City	Zip code
Age Birth date	Grade	School	-
Mother's Name			Phone
Father's Name			Phone
Email			
Does your child have any physical	limitations? Yes_	No If so, pleas	se Explain
Name of volleyball club and number	er of years played	d club/#	years
CONCUSSION / HEAD INJURY P [] I have hereby read and signed my registration. I understand to	the Concussion/H		ired by Murray City and have included it wit alid for two years.

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and agree to all of their

terms and conditions.		
Parent/Guardian Signature	Date	—

For Office Use Only: Date Cash Check Credit Card Other (circle type of payment)